03/16/2011 14:03

Image# 11990304295

FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Nurses United for Patient Protection 888 16th Street, NW ADDRESS (number and street) Suite 640 Check if different than previously Washington DC 20006 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00490375 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 2010 CA 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Carolyn Hietamaki Type or Print Name of Treasurer Electronically Filed by Carolyn Hietamaki 03 16 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2 / 22 Write or Type Committee Name National Nurses United for Patient Protection 22 1 0 14 2010 2010 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 0.00 January 1 (b) Cash on Hand at 56553.00 Begining of Reporting Period 160500.00 460500.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 217053.00 460500.00 6(a) and 6(c) for Column B) 210160.21 453607.21 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 6892.79 6892.79 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 22

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period:

From:

м м 1 0 D D 14

^Y 2010

To:

м°м 1 1 D D 22

Y Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(k	b) Political Party Committees	0.00	0.00
•	c) Other Political Committees (such as PACs)	150000.00	450000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	150000.00	450000.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	10500.00	10500.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(k	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	160500.00	460500.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	160500.00	460500.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 22

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: — (a) Shared Federal/Non-Federal —		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	10077.00	044704.00
	Expenditures	18277.00	211724.00
	(c) Total Operating Expenditures	10077.00	011704.00
	(add 21(a)(i), (a)(ii) and (b))	18277.00	211724.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
١.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
	Independent Expenditure		
	(use Schedule E)	191883.21	191883.21
	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
,	Lance Mark	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
).	Other Disbursements	0.00	50000.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	2.22	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	210160.21	453607.21
	Total Federal Disbursements		
2.			
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	210160.21	453607.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 22

,				
III. Net Contributions/Operati Expenditures	ing COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
33. Total Contributions (other than loans from Line 11(d), page 3)	, , , , , , , , , , , , , , , , , , ,	450000.00		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150000.00	450000.00		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19277 00	211724.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	10500.00	10500.00		
 Net Operating Expenditures (subtract Line 37 from Line 36) 	7777.00	201224.00		

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			FOR LINE NUMBER: PAGE 6 / 22 (check only one)						
		Use separate schedule(s) for each category of the							
			Detailed Summary Page	13 14 15 16 17					
	ny information copied from such Reports and Sta for commercial purposes, other than using the r								
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)								
\rangle	National Nurses United for Patient Prot	ection							
	Full Name (Last, First, Middle Initial) National Nurses United			Date of Receipt					
	Mailing Address 888 16th Street, NW Suite 640			10 27 2010					
	City	State	Zip Code	Transaction ID: C2839376					
	Washington	DC	20006	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		150000.00					
	Name of Employer	Occupatio	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450000.00						

SUBTOTAL of Receipts This Page (optional)	•	150000.00	
TOTAL This Period (last page this line number only)	•	150000.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			FOR LINE NUMBER: PAGE 7 / 22						
			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)					
			Detailed Summary Page	13 14 X 15 16 17					
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)								
\rangle	National Nurses United for Patient Prot	ection							
	Full Name (Last, First, Middle Initial) Victoria Research & Consulting			Date of Receipt					
	Mailing Address PO Box 5902			10 27 2010					
	City	State	Zip Code	Transaction ID: C2839375					
	Takoma Park	MD	20913	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		10500.00					
	Name of Employer	Occupatio	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 10500.00	Refund of payment on 10/1-3/10					

SUBTOTAL of Receipts This Page (optional)	>	10500.00
TOTAL This Period (last page this line number only)	•	10500.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check on					R:		PAGE 8/22					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X		H	22 28a		23 28b	F	24 28c	F	25 29	\vdash	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													3	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	on													
Full Name (Last, First, Middle Initial) Campaign Workshop Mailing Address 1129 20th Street, Suite 20	00				- 1	Date o			en			Ý 0 Ý () ^Y	
City	State Zip Code					Amoui	nt o	Each	n D	Disburs	emer	nt this	Period	
Purpose of Disbursement	DC 20036		v								112	200.00)	
Printing for PAC Candidate Name			ateç Typ	gory/ be										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)													
Full Name (Last, First, Middle Initial) Fingerhut Granados Opinion Research Mailing Address 1775 Pennsylvania Avenu	ıe. NW				- 1	Date o		sburs				2 0 1 () ^Y	
City	State Zip Code	Zip Code				Amount of Each Disbursement this Period								
Washington Purpose of Disbursement Polling	DC 20006			5742.00										
Candidate Name		Category/ Type												
Office Sought: House Disburse Senate President State: District:	ment For: 2010 Primary X General Other (specify)													
Full Name (Last, First, Middle Initial)					- 1					D350	628			
JP Morgan Chase Mailing Address 350 20th Street						Date of	of Di		en) (Y	2 o 1 () ^Y	
	State Zip Code CA 94612					Amoui	nt o	Each	n C	Disburs	emer	nt this	Period	t t
Purpose of Disbursement Banking fees							-	_				95.00)	
Candidate Name			ateç Typ	gory/ be										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)													
State: District:	•								_					
SUBTOTAL of Disbursements This Page (optional) .				<u> </u>							170	37.00)	

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only	IE NUMBER: PAGE 9 / 22					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b					
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
National Nurses United for Patient Protecti	on							
Full Name (Last, First, Middle Initial)			Transaction ID: D350572					
JP Morgan Chase			Date of Disbursement					
Mailing Address 350 20th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $					
,	State Zip Code CA 94612		Amount of Each Disbursement this Period					
Purpose of Disbursement	OA 94012		25.00					
Bank fee								
Candidate Name		Category/ Type						
Office Sought: House Disburse	ement For: 2010	1 1,700						
Senate	Primary X General							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)			Transaction ID: D350573					
JP Morgan Chase			Date of Disbursement					
Mailing Address 350 20th Street			10					
City Oakland	State Zip Code CA 94612		Amount of Each Disbursement this Period					
Purpose of Disbursement			25.00					
Bank fee Candidate Name		Catagory						
Caldidate Name		Category/ Type						
Office Sought: House Disburse	ement For: 2010 Primary X General	•						
President	Primary X General Other (specify) ▼							
State: District:	, (1 3/ t							
Full Name (Last, First, Middle Initial)			Transaction ID: D350629					
Sadler Strategic Media			Date of Disbursement					
Mailing Address 12103 Viewcrest Road			$\begin{bmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D & D \\ D & D & M \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & D \\ Z & D & 1 & D \end{bmatrix} $					
City Studio City	State Zip Code CA 91604		Amount of Each Disbursement this Period					
Purpose of Disbursement	OA 91004		1190.00					
Media production reimbursement (not IE expense)								
Candidate Name		Category/ Type						
Office Sought: House Disburse	ement For:	I i ype						
Senate	Primary General							
State: District:	Other (specify)							
<u> </u>			1040.00					
SUBTOTAL of Disbursements This Page (optional)			1240.00					

TOTAL This Period (last page this line number only)

18277.00

TEMIZED INDEPENDENT EX	PENDITURES			PAGE 10 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
National Nurses United for Patient Protection				C C00490375
Check if 24-hour notice 48-	hour notice			S sstassis
Full Name (Last, First, Middle, Initial) of Pa			Date	
Campaign Workshop	,00		M M /	2 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
1129 20th Street, Suite 200				20000.00
City	State	Zip Code		n ID: D345852
Washington	DC	20036	Office Sough	
Purpose of Expenditure Radio time buy	С	ategory/ Type		Senate District: 07 Presidential
Name of Federal Candidate supported or C	pposed by expenditur	e:	Check One:	Support X Oppose
Tim Walberg			Disbursemen	nt For: Primary X General
				er (specify) :
Calendar Year-To-Date Per Election		20000.00	2010	or (opeony) :
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
Campaign Workshop			1 0 /	21 / Y Y Y Y Y Y
Mailing Address			Amount	
1129 20th Street, Suite 200			Tuesday	10183.00
City	State	Zip Code	Transaction	
Washington	DC	20036	Office Sough	
Purpose of Expenditure		ategory/		Senate District: 10
Printing & mailshop services		Type		Presidential
Name of Federal Candidate supported or C	opposed by expenditur	e:	Check One:	Support X Oppose
Jeff Perry			Dialarma	nt For: Primary X General
			Disbursemen	.,
Calendar Year-To-Date Per Election		11283.21	2010	er (specify) :
for Office Sought		11203.21	2010	
(a) SUBTOTAL of Itemized Independent Exp	enditures			30183.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized committee			
		M ° M	D D	Y Y Y Y
Carolyn Hietamaki		Date 03		2011
Signature				

TEMIZED INDEPENDENT EXP	PENDITURE	ES		PAGE 11 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
National Nurses United for Patient Protection				C C00490375
Check if 24-hour notice 48-ho	our notice			C 000430073
Full Name (Last, First, Middle, Initial) of Paye			Date	
First Mark			M M /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 25 Vintinner Road PO Box 1270			Amount	1100.21
City	State	Zip Code	Transactio	n ID: D345854
Campton	NH	03223	Office Sough	
Purpose of Expenditure Data processing services		Category/ Type		Senate District: 10 Presidential
Name of Federal Candidate supported or Op	posed by expendi	ture:	Check One:	Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		11283.21	Disbursemer Oth 2010	er (specify) :
			<u> </u>	
Full Name (Last, First, Middle, Initial) of Paye North Wood Advertising	e		Date M M /	29 / Y Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount	13768.35
City	State	Zip Code	Transactio	n ID: D347163
Minneapolis	MN	55402	Office Sough	
Purpose of Expenditure Radio production & time buy		Category/ Type		Senate District: 08 Presidential
Name of Federal Candidate supported or Op	posed by expendi	ture:	Check One:	X Support Oppose
Patrick Murphy			Disbursemen	t For: Primary X General
			Oth	er (specify):
Calendar Year-To-Date Per Election for Office Sought		68841.74	2010	\\
(a) SUBTOTAL of Itemized Independent Expen	ditures			14868.56
(b) SUBTOTAL of Unitemized Independent Exp	penditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or a committee) any political party committee or its agent	authorized committe			
Carolyn Hietamaki		Date 03	1 6	Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Signature				

TEMIZED INDEPENDENT EXP	PENDITURE	ES		PAGE 12 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
National Nurses United for Patient Protection				C C00490375
Check if 24-hour notice 48-h	our notice			0 000100070
Full Name (Last, First, Middle, Initial) of Paye			Date	
North Wood Advertising			M M /	29 / Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount	2134.47
City	State	Zip Code		n ID: D347164
Minneapolis	MN	55402	Office Sough	
Purpose of Expenditure Radio production & time buy		Category/ Type		Senate District: _01 Presidential
Name of Federal Candidate supported or Op	posed by expendi	ture:	Check One:	X Support Oppose
Colleen Hanabusa Calendar Year-To-Date Per Election		10672.34	Disbursemen Oth	nt For: Primary X General er (specify) :
for Office Sought		10072.34	2010	
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
North Wood Advertising			M M /	29 / Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount	7059.25
City	State	Zip Code	Transactio	
Minneapolis	MN	55402	Office Sough	
Purpose of Expenditure Radio production & time buy		Category/ Type		Senate District: 03 Presidential
Name of Federal Candidate supported or Op	pposed by expendi	ture:	Check One:	X Support Oppose
Ami Bera			Disbursemen	nt For: Primary X General
Coloriday Vasy Ta Data Day Floation			Oth	er (specify) :
Calendar Year-To-Date Per Election for Office Sought		35296.25	2010	
(a) SUBTOTAL of Itemized Independent Exper	nditures			9193.72
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe or at the request or suggestion of, any candidate or committee) any political party committee or its agen	authorized committe			
Carolyn Histomaki		Date 03		Y ' Y ' Y ' Y ' Y ' Y ' Z O 1 1
Carolyn Hietamaki Signature		Date 03	. 0	2711
-				

TEMIZED INDEPENDENT EXPE	ENDITURES	5		F	PAGE 13 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				L	
National Nurses United for Patient Protection					C00490375
Check if 24-hour notice 48-hou	r notice			C \	500430373
Full Name (Last, First, Middle, Initial) of Payee			Date		
North Wood Advertising			M M /	^D 3 0	Y Y Y Y Y 2 0 1 0
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount		13768.35
City	State	Zip Code	Transaction		
Minneapolis	MN	55402	Office Sought		House State: PA
Purpose of Expenditure Radio production & time buy	С	ategory/ Type		F	Senate District: <u>08</u> Presidential
Name of Federal Candidate supported or Oppo	osed by expenditur	e:	Check One:	X	Support Oppose
Patrick Murphy Calendar Year-To-Date Per Election		68841.74	Disbursemen Othe	_	Primary X General fy) :
for Office Sought		337111			
Full Name (Last, First, Middle, Initial) of Payee			Date		
North Wood Advertising			M M /	30	Y Y Y Y Y Y 2 0 1 0
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount		9320.00
City	State	Zip Code	Transaction]	347179
Minneapolis	MN	55402	Office Sought		House State: MI
Purpose of Expenditure Radio production & time buy	С	ategory/ Type			Senate District: 09 Presidential
Name of Federal Candidate supported or Oppo	sed by expenditur	e:	Check One:	χS	Support Oppose
Gary Peters	, ,		Disbursemen	t For:	Primary X General
			Othe	er (speci	fy) :
Calendar Year-To-Date Per Election for Office Sought		37280.00	2010	э. (ороо.	·//·
(a) SUBTOTAL of Itemized Independent Expendi	itures				23088.35
(b) SUBTOTAL of Unitemized Independent Expe	enditures				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or au committee) any political party committee or its agent.					
Carolyn Hietamaki		Date 03		y y y 2011	Y Y
Signature					-

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 14 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
National Nurses United for Patient Protection	C C00490375
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	M M / D D / Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount 2134.47
City State Zip Co	de Transaction ID: D347180
Minneapolis MN 55402	Office Sought: X House State: HI Senate District: 01
Purpose of Expenditure Radio production & Category/ time buy Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Colleen Hanabusa	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	.34 2010
Full Name /Leat First Middle Initial) of Davis	Dete
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising	Date M M / D D / Y Y Y Y
	10 / 030 / Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth	7059.25
City State Zip Co	de Transaction ID: D347181
Minneapolis MN 55402	Office Sought: X House State: CA Senate District: 03
Purpose of Expenditure Radio production & Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Ami Bera	Disbursement For: Primary X General
Colonday Vocy To Data Day Floation	Other (specify) :
Calendar Year-To-Date Per Election 35296 for Office Sought	.25 2010
(a) SUBTOTAL of Itemized Independent Expenditures	9193.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we or at the request or suggestion of, any candidate or authorized committee or agent of committee) any political party committee or its agent.	
	M M D D Y Y Y Y
Carolyn Hietamaki Da Signature	ate 03 16 2011

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 15 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER C C00490375
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	$\begin{bmatrix} \mathbf{M} & \mathbf{M} \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} \mathbf{D} & \mathbf{D} \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} \mathbf{Y} & \mathbf{Y} & \mathbf{Y} & \mathbf{Y} \\ 2 & 0 & 1 & 0 \end{bmatrix}$
Mailing Address	Amount
1201 Fifteen Building	2127.42
15 South Fifth	Transaction ID: D347182
City State Zip Code Minneapolis MN 55402	Office Sought: X House State: IL
Purnose of Expenditure	Senate District: _17
Radio production & Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure: Phil Hare	Check One: X Support Oppose
Timitalo	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2010
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	$\begin{bmatrix} \mathbf{M} & \mathbf{M} \\ 1, 0 \end{bmatrix} \begin{bmatrix} \mathbf{D} & \mathbf{D} \\ 3 & 1 \end{bmatrix} \begin{bmatrix} \mathbf{Y} & \mathbf{Y} & \mathbf{Y} & \mathbf{Y} \\ 2 & 0 & 1 & 0 \end{bmatrix}$
Mailing Address	Amount
1201 Fifteen Building	13768.35
15 South Fifth	Transaction ID: D350554
City State Zip Code	Office Sought: X House State: PA
Minneapolis MN 55402	Senate District: 08
Purpose of Expenditure Radio production & Category/ Type	Presidential
time buy	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Patrick Murphy	Disbursement For: Primary X General
	Other (specify):
Calendar Year-To-Date Per Election 68841.74 for Office Sought	2010
(a) CURTOTAL of literational landscandard Funcanditums	15895.77
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made	s in cooperation, consultation, or concert with
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the committee) any political party committee or its agent.	
Coveling Historicals	D D Y Y Y Y
Carolyn Hietamaki Date 0.3	16 2011
Signature	

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 16 / 22
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if 24-hour notice 48-hour notice	000430373
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount 13768.35
City State Zip Code	Transaction ID: D350555
Minneapolis MN 55402	Office Sought: X House State: PA
Purpose of Expenditure Radio production & Category/ time buy	Senate District: 08 Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Patrick Murphy	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 68841.74 for Office Sought	2010
Tor Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	$\begin{bmatrix} M & M & I & D & D & I & Y & Y & Y & Y \\ 1 & 1 & & 0 & 2 & & & 2 & 0 & 1 & 0 \end{bmatrix}$
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount 13768.34
	Transaction ID: D350556
City State Zip Code Minneapolis MN 55402	Office Sought: X House State: PA
Purpose of Expenditure	Senate District: 08
Radio production & Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Patrick Murphy	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	Other (specify) : 2010
(a) SUBTOTAL of Itemized Independent Expenditures	27536.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Carolyn Hietamaki Signature Date O 3	16 Y Y Y Y Y 2011

ITEMIZED INDEPENDENT EX	PENDITURES			PAGE 17 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			1.	FEC IDENTIFICATION NUMBER
National Nurses United for Patient Protection			l r	C C00490375
Check if 24-hour notice 48-	hour notice			
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
North Wood Advertising			M M /	^D 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
1201 Fifteen Building				9320.00
15 South Fifth			Transaction	ID: D350557
City Minneapolis	State Zip 0 MN 554	Code 02	Office Sought:	X House State: MI
Purpose of Expenditure	Category/			Senate District: 09
Radio production & time buy	Type			Presidential
Name of Federal Candidate supported or C Gary Peters	Opposed by expenditure:		Check One:	X Support Oppose
,			Disbursement I	For: Primary X General
Calendar Year-To-Date Per Election	0700			(specify) :
for Office Sought	3728	30.00	2010	
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
North Wood Advertising			M M /	$\begin{bmatrix} D & D \\ O & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & O & 1 & O \end{bmatrix}$
Mailing Address			Amount	
1201 Fifteen Building				9320.00
15 South Fifth			Transaction	ID: D350558
City	State Zip (MN 554	Code	Office Sought:	
Minneapolis Purpose of Expenditure	IVIIN 554	02	3	Senate District: 09
Radio production & time buy	Category/ Type			Presidential
Name of Federal Candidate supported or C	Dpposed by expenditure:		Check One:	X Support Oppose
Gary Peters			D: 1	
			Disbursement I	, <u> </u>
Calendar Year-To-Date Per Election	3728	30.00	Other 2010	(specify):
for Office Sought	0720	,0.00		
(a) SUBTOTAL of Itemized Independent Exp	enditures			18640.00
(b) SUBTOTAL of Unitemized Independent E	expenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized committee or agent of			
		M M		Y
Carolyn Hietamaki		Date 03		0 1 1
Signature				

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 18 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER
National Nurses Offited for Patient Protection	C C00490375
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	1 1
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount 9320.00
City State Zip Code Minneapolis MN 55402	Transaction ID: D350560 Office Sought: X House State: MI
Purpose of Expenditure	Senate District: 09
Radio production & Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure: Gary Peters	Check One: X Support Oppose
daly i eleis	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 37280.00	Other (specify) :
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	1 0 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount 2134.47
City State Zip Code	Transaction ID: D350561
Minneapolis MN 55402	Office Sought: X House State: HI
Purpose of Expenditure Radio production & Type	Senate District: 01 Presidential
time buy	Check One: X Support Oppose
Name of Federal Candidate supported or Opposed by expenditure: Colleen Hanabusa	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 10672.34 for Office Sought	Other (specify) : 2010
(a) SUBTOTAL of Itemized Independent Expenditures	11454.47
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
M · M	D D Y Y Y Y
Carolyn Hietamaki Date 0.3 Signature	16 2011
Oignaturo	

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 19 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
National Nurses United for Patient Protection	C C00490375
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
1201 Fifteen Building	2134.47
15 South Fifth	Transaction ID: D350563
City State Zip Code Minneapolis MN 55402	Office Sought: X House State: HI
Purpose of Expenditure Category/	Senate District: 01
Radio production & Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure: Colleen Hanabusa	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2010
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
1201 Fifteen Building 15 South Fifth	2134.46
	Transaction ID: D350564
City State Zip Code Minneapolis MN 55402	Office Sought: X House State: HI
Purpose of Expenditure	Senate District: 01
Radio production & Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Colleen Hanabusa	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 10672.34 for Office Sought	Other (specify) : 2010
(a) SUBTOTAL of Itemized Independent Expenditures	4268.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mor at the request or suggestion of, any candidate or authorized committee or agent of either, or committee) any political party committee or its agent.	
M.º	M D D Y Y Y Y
Carolyn Hietamaki Date 0	
Signature	

TEMIZED INDEPENDENT EXP	PENDITURE	S		PAGE 20 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u> </u>
National Nurses United for Patient Protection				C C00490375
Check if 24-hour notice 48-h	our notice			C 300 1000 10
Full Name (Last, First, Middle, Initial) of Paye			Date	
North Wood Advertising			M M /	3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount	7059.25
City	State	Zip Code		n ID: D350565
Minneapolis	MN	55402	Office Sough	
Purpose of Expenditure Radio production & time buy		Category/ Type		Senate District: 03 Presidential
Name of Federal Candidate supported or Op	posed by expendit	ture:	Check One:	X Support Oppose
Ami Bera Calendar Year-To-Date Per Election		35296.25	Disbursemen Othe	er (specify) :
for Office Sought		33290.23	2010	
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
North Wood Advertising			M M /	01 / Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount	7059.25
City	State	Zip Code	Transactio	
Minneapolis	MN	55402	Office Sough	
Purpose of Expenditure Radio production & time buy		Category/ Type		Senate District: 03 Presidential
Name of Federal Candidate supported or Op	posed by expendit	ture:	Check One:	X Support Oppose
Ami Bera			Disbursemen	nt For: Primary X General
Colonday Vacy To Date Day Floation				er (specify) :
Calendar Year-To-Date Per Election for Office Sought		35296.25	2010	
(a) SUBTOTAL of Itemized Independent Exper	nditures			14118.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe or at the request or suggestion of, any candidate or committee) any political party committee or its agen	authorized committe			
Carolyn Hietamaki		Date 03		Y Y Y Y 2011
Signature		_		

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 21 / 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER C C00490375
Check if 24-hour notice 48-hour notice	C C00490375
Full Name (Last, First, Middle, Initial) of Payee	Date
North Wood Advertising	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount 7059.25 Transaction ID: D350567
City State Zip Code Minneapolis MN 55402	Office Sought: X House State: CA
Purpose of Expenditure Radio production & Category/ time buy	Senate District: 03 Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Ami Bera	Disbursement For: Primary X General Other (specify):
Calendar Year-To-Date Per Election 35296.25 for Office Sought	2010
Full Name (Last, First, Middle, Initial) of Payee	Date M M / D D / Y Y Y Y
North Wood Advertising	1 0 / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount 2127.42 Transaction ID: D350569
City State Zip Code Minneapolis MN 55402	Office Sought: X House State: IL
Purpose of Expenditure	Senate District: 17
Radio production & Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Phil Hare	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2010
(a) SUBTOTAL of Itemized Independent Expenditures	9186.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Carolyn Hietamaki Date 0.3 Signature	16 2011
Signaturo	

TEMIZED INDEPENDENT EXPENDITURES	5		PAGE	
NAME OF COMMITTEE (In Full)				NE 24 OF FORM 3X
National Nurses United for Patient Protection				ATION NUMBER 🔻
Check if 24-hour notice 48-hour notice			C C00490	0373
Full Name (Last, First, Middle, Initial) of Payee		I Date		
North Wood Advertising		M M /	D D / Y	2 0 1 0
		1,1	0 1	2010
Mailing Address 1201 Fifteen Building		Amount		
15 South Fifth				27.42
City State	Zip Code		ID: D350570	
Minneapolis MN	55402	Office Sought		State: <u>IL</u>
Purpose of Expenditure Radio production & time buy	ategory/ Type		Senate Presiden	District:17 tial
Name of Federal Candidate supported or Opposed by expenditure		Check One:	X Support	Oppose
Phil Hare	0.			
		Disbursemen	For: Prim	ary X General
Calendar Year-To-Date Per Election			r (specify) :	
for Office Sought	8509.67	2010		
Full Name (Last, First, Middle, Initial) of Payee		Date		
North Wood Advertising		M M /	0 2 / Y	2010
Mailing Address		Amount		
1201 Fifteen Building 15 South Fifth			21	27.41
	Zip Code	Transaction	ID: D350571	
City State Minneapolis MN	55402	Office Sought	: X House	State:IL
Purpose of Expenditure			Senate	District:17
Radio production & time buy	ategory/ Type		Presiden	tial
Name of Federal Candidate supported or Opposed by expenditure	e:	Check One:	X Support	Oppose
Phil Hare		Disbursemen	For: Prima	arv X General
Calendar Year-To-Date Per Election	8509.67	2010	r (specify) :	
for Office Sought				
(a) SUBTOTAL of Itemized Independent Expenditures				4254.83
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			-	191883.21
Under penalty of perjury I certify that the independent expenditures report or at the request or suggestion of, any candidate or authorized committee committee) any political party committee or its agent.				
			, , , , ,	
Carolyn Hietamaki	Date 03		2011	
Signature				